DO NOT SEND TO IRS

Vendor MUST Print or Type Information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print Or Type Information

Taxpayer Identification Number (TIN)		86-0557857				 ☑ Employer Identification Number (EIN) ☐ Social Security Number (SSN) 			 State of Arizona HRIS EIN State of Arizona Employees ONLY 		
 Legal Name Must match TIN above 	MJN Enterprises, In										
 Entity Type Select one of the following Minority Business Indicator Select one of the following 											
Corporation (NOT providing health care, medical or legal services (5A) Corporation (providing health care, medical or legal services) (5M) Partnership, LLP (5T) Individual/Sole Proprietor (6I) The US or any or its political subdivisions or instrumentalities (2G) A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G) Tax-exempt organization under IRC §501 (5C) An international organization or any of its agencies or instrumentalities (5U) State of Arizona employee (1E) Other Non-Tax-Exempt Entity (5P)						Small B Small, V Small, V Small, V	□ Small Business (01) □ Small Business – African American (23) □ Small Business – Asian (24) □ Small Business – Hispanic (25) □ Small Business – Native American (27) □ Small Business – Other Minority (05) □ Small, Woman Owned Business (06) □ Small, Woman Owned Business – African American (29) □ Small, Woman Owned Business – Asian (30) □ Small, Woman Owned Business – Hispanic (31) □ Small, Woman Owned Business – Native American (33)				
Main Address Where tax information and general correspondence is to be mailed							☐ Small, Woman Owned Business – Other Minority (11) ☐ Woman Owned Business (03)				
DBA\Branch\Location						☐ Woman	☐ Woman Owned Business – African American (17)				
						☐ Woman	☐ Woman Owned Business – Asian (18) ☐ Woman Owned Business – Hispanic (19)				
Address 6061 E. Grant Road, #121					☐ Woman	☐ Woman Owned Business – Native American (21) ☐ Woman Owned Business – Other Minority (08)					
					─ Minority	☐ Minority Owned Business – African American (17)					
Address continued						☐ Minority	☐ Minority Owned Business – Asian (32) ☐ Minority Owned Business – Hispanic (74)				
City Tucson		State	AZ Zip o	ode 8	35712	☐ Minority ☐ Minority	Owned Busines Owned Busines	ss – Native A ss – Other M	merican inority ((15) 02)	
		L		L		─ Non-Pro	ofit, IRC §501© all, Non-Minority or	(88)			
Remit to Address Same as Main								TYON-YYOHIGH	JWIICU DU	311633 (00)	
						Contact if	Contact Information				
DBA\Branch\Location					Name	Name Michael J. Naifeh					
Address						Phone #	(520) 321-0000		EXT	1	
Address continued						Fax	(5520) 290-5293				
City	State Zip code				email	michael@mjn-enterprises.com					
Certification											
Under Penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND 3. I am a U.S. person (including U.S. resident alien). Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup.											
Signature	Muchael Waifel Title Presi				President	Current Date 8/19/05					
STATE OF ARIZONA AGENCY USE ONLY							DOR: DO NO	T WRITE B	ELOW T	THIS LINE	
AGY Age	ency Authorization				Print Na	ame		D	ate		
STATE OF ARIZONA GAO USE ONLY VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE											
☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ Other ☐ ☐ Other ☐ ☐ Other											
Vendor Number		MC	Proces	sed by				late Proces	ced		